



APPLICATION FORM

Location: Norfolk: Marlboro: Taunton:

Applying For:	Referee:	<input type="checkbox"/>
	Clinician:	<input type="checkbox"/>
	Concession/Party Staff:	<input type="checkbox"/>
	Part Time Management Staff:	<input type="checkbox"/>

Name:

Email: _____

Phone: Home: _____

Work: _____

Cell: _____

Address: Street: _____

Town: _____ Zip: _____

DOB:

mm/dd/yyyy

Please list any relevant work or school experience:

Please list any certifications, licenses you may hold:

Please indicate days and hours you are available to work:

Mon: Tues: Wed:

Thurs: Fri: Sat/Sun:

I understand that my involvement around children at Fore Kicks requires a CORI background check to be performed as part of the Fore Kicks application review process for all applicants and I hereby give my permission for this check to be conducted. The results of this CORI check shall not be made public and will be held in confidence by Fore Kicks' Personnel Manager

Applicant Signature: _____

Date: _____